Growing up in foster care: providing a secure base through adolescence

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ABSTRACT

As the UK Government White Paper, *Care Matters: Time for Change*, suggested, foster children need the care system to provide them with good quality foster family care that will help them through childhood to success and fulfilment of their potential in adult life.

This paper draws on the third phase of *Growing Up in Foster Care*, a longitudinal study of 52 children in planned, long-term foster care (1997–2006). It aims to increase our understanding of the transformational power of foster family relationships over time and particularly in adolescence. It shows how a secure base parenting model, using concepts from attachment and resilience, can be applied to foster care of adolescents. The paper uses case material to demonstrate each dimension of this secure base model and to emphasise how, even when adolescents have had stable and effective placements, they are likely to need support through into adulthood.

INTRODUCTION

The role of long-term foster care as an option for children and young people in need of a permanent family placement remains an important issue, not only for social work agencies but also for health, education and the family justice system. As the Government White Paper *Care Matters: Time for Change* (Department for Children, Schools and Families 2007) suggests, long-stay children need the care system to provide them with good quality foster family care that will help them through childhood to success and fulfilment of their potential in adult life. Both policymakers and practitioners need to know more about how permanence in foster care can work best from childhood through adolescence to adulthood. The value of a prospective longitudinal study of planned long-term foster care, as reported here, is that it not only increases our understanding of the transformational power of foster family relationships over time, particularly in adolescence, but also highlights parenting challenges that some foster carers will need extra support to meet (Thoburn *et al.* 2000; Wilson *et al.* 2003; Beek & Schofield 2004; Farmer *et al.* 2004; Lipscombe *et al.* 2004; Sinclair *et al.* 2005).

When seeking permanence for children who remain in the foster care system, social workers will be focusing on the foster family as a secure base through to adult life, so it is particularly important to look at the way in which placements planned to be permanent in the early or middle childhood years can support children as they enter adolescence and go on to make the transition to adulthood. These 'adolescent graduates' who come into care at less than 11 constituted 26% of the sample of 7399 children in the study by Sinclair *et al.* (2007), who found that this group had experienced high levels of abuse and neglect in their early years. Parenting fostered adolescents from such troubled backgrounds is a challenging task (Farmer *et al.* 2004). Young people who have struggled with low self-esteem and who often lack the capacity to make sense of their past at this point need to build a

future identity and locate resources that will equip them to cope with a degree of autonomy and independence in adulthood.

But where young people have been looked after for a number of years in a planned long-term fostering placement, it is hoped that they will have had the opportunity, with the help of their carers, to develop some protective strengths and acquire some coping strategies for managing difficulties that may emerge in adolescence. This paper reports on the third phase of a longitudinal study, *Growing Up in Foster Care*, a study of pathways taken by young people growing up in planned long-term foster care as they move through adolescence towards adulthood. It takes an attachment and resilience-based model of parenting (Schofield & Beek 2005b, 2006) that draws on four dimensions of caregiving (availability, sensitivity, acceptance and co-operation) identified by Ainsworth *et al.* (1971) as likely to promote secure attachments in infancy and applies these dimensions to caring for fostered adolescents. A fifth dimension, family membership, is added to the model as being key to definitions of permanence and necessary for a successful long-term fostering placement. This secure base model, developed by the authors, is recommended in *Care Matters*: *Time for Change* (Department for Children, Schools and Families 2007, pp. 44–45) as promoting competence, confidence and attachment in children and, therefore, as a valuable basis for training and supporting foster carers. The model will form part of the revised *Skills to Foster* UK training programme produced by the Fostering Network (in development 2008) and has also recently been incorporated into training for foster carers in Norway.

The emphasis in this paper will be on examining how research suggests that the secure base model may be helpful in understanding caregiving approaches for adolescents in long-term foster care.

THE IMPORTANCE OF FAMILY LIFE FOR FOSTERED ADOLESCENTS

It is helpful to draw on a range of theoretical approaches when considering what adolescents need from their long-term foster families in order to make a successful transition into adulthood. One of the most obviously useful theories is that of *resilience* (Rutter 1999; Gilligan 2000; Masten 2001; Schofield 2001; Schofield & Beek 2005a; Osterling & Hines 2006) because it includes a range of characteristics, such as self-esteem, capacity to reflect and plan for the future, capacity to be both autonomous and to seek help that

will relate to young people's ability to cope with challenges across diverse family, peer and community environments.

In long-term foster families, effective carers have been found to be working on building these resilience characteristics during the middle childhood years (Beek & Schofield 2004; Schofield & Beek 2005a). However, the impact of puberty and the psychosocial demands of the teenage years can often have unpredictable effects; children who appeared to be thriving may cause unexpected concerns, while children whose carers were concerned in advance about the onset of adolescence may move surprisingly smoothly through the transition to secondary school and beyond, often as a result of their own resilience characteristics and supportive networks inside and outside the family.

A valuable complementary concept to resilience in adolescence, therefore, is *social capital*. Pinkerton and Dolan (2007, p. 220) make useful links between social capital, resilience and adolescent coping, suggesting that 'membership of social networks is the connection between the external conditions of young people's lives, their "social capital" and their internal emotional worlds, their "resilience" ' Their model focuses on the importance of social support in relation to adolescents in birth families, but can also be of use in thinking about what support adolescents and their foster families might need from the professional and informal networks in the community in order to increase their social capital.

In the retrospective study by Schofield (2002, 2003), a number of young adults who had grown up in foster care showed a remarkable capacity to value, sustain and seek out relationships and networks over time. Wider network building through schools, sports and other activities seemed in part to have been a way in which young people supplemented foster family resources, but was also modelled on the value that their foster families placed on their social networks.

Theories of resilience and social capital are psychosocial and ecological, usefully reinforcing the important role of environments outside the family. Within these models, however, positive family relationships, where available, continue to be key to adolescent coping and to the likelihood that young people (in care and out of care) will be able to access and use social networks and build social capital (Pinkerton & Dolan 2007). In the complete absence of supportive family relationships, for example where young people from care are precipitately placed into 'independence' or left to rely on birth families who may harm not help

them, they are unlikely to thrive if they have to rely entirely on their personal resilience characteristics.

The role of the family for adolescents generally is too often underestimated, perhaps because teenagers appear to prioritise their links to their peer groups. But research suggests that in fact most adolescents rely heavily on their families for their values and their support (Granic *et al.* 2006). Although there may be birth family members who are able to offer practical and emotional support for some young people in foster care, for many it is the foster family whose role will be of critical importance as young people take their tentative steps into managing post-16 education, work, money, adult relationships and parenthood. Reliable leaving care workers can make a valuable contribution to transitions (Biehal *et al.* 1995), may promote resilience (Osterling & Hines 2006) and can help to enhance 'felt' security (Cashmore & Paxman 2006). But for most young people, ongoing foster-family support will be needed as a source of comfort and encouragement.

In thinking about the resource that family relationships offer in adolescence, it is also helpful to use the concept of a secure base, developed in *attachment* theory to describe that balance between dependency and autonomy, closeness and exploration that lies behind secure attachment relationships (Bowlby 1988; Howe *et al.* 1999; Schofield & Beek 2006). The secure base concept as applied to adolescence is conceptually linked to resilience and suggests that sensitive, available, reliable caregivers, who provide practical and emotional help and support, reduce anxiety and free the young person to become more competent and confident in tackling new challenges in learning, in work and in relationships. 'Felt security' is important, (Cashmore & Paxman 2006) and young people need to know that they have someone to turn to if things go wrong – and indeed someone to celebrate with when things go well.

In adolescence, attachment relationships are known to evolve alongside other developmental changes, so that as cognitive and social developmental shifts occur, secure base relationships with available caregivers are renegotiated. There is greater sophistication in recognising and making allowances for the different goals of others as 'the adolescent evolves from being a receiver of care from a parent to being a potential caregiver' (Allen & Land 1999, p. 319). In parent–adolescent and other adult–adolescent relationships, the degree of reciprocity is likely to increase, as teenagers start to offer, as well as expect, interest and support; asking their parents about their day at work

or enquiring if their teacher had a good holiday. Adolescents' relationships with their friends and romantic partners can, and in many ways need to develop into relationships where both parties provide a secure base for each other.

These developments, of course, also occur in the relationships of fostered adolescents. But a constructive and straightforward evolution towards greater openness and reciprocity in attachment and other relationships is more likely to occur where young people's experience of foster-family relationships has been, at some point and in the main, secure. Where fostered adolescents are anxious, insecure and distrustful, and particularly where they are unresolved in relation to traumatic harm and loss, they will find it more difficult not only to adjust to the demands of adolescence but also to use caregivers as a secure base to help them manage those demands (Howe *et al.* 1999; Schofield & Beek 2006). The need to defend against anxiety and fears of loneliness, of failure, of being hurt or of hurting others makes it possible that maladaptive strategies from earlier in childhood may persist, may become more disruptive or may re-emerge after a period when the young person had been more settled. Insecure young people may react to the stress of adolescent transitions by being very demanding, dependent and emotionally preoccupied with carers, birth families and peers; by avoiding the expression of emotions and dismissing the need for relationships; or by being controlling, withdrawn or punitive/aggressive (Allen & Land 1999; Howe *et al.* 1999).

The intensity of some fostered young people's reactions to impending adulthood and to the imminent loss of childhood entitlement to the monitoring and support of family life is not surprising in the context of their previous experiences of loss and separation. What may be more surprising is how, against the odds, many young people from traumatic childhoods appear to be able to make good use of active and sensitive foster care when it is offered and to thrive at home and school. However, a recent national study of policy and practice for achieving permanence in foster care (Schofield *et al.* 2008) found that, in spite of the theoretical and research evidence support for the importance of secure, supportive family relationships and family membership in adolescence, these needs are often underestimated or minimised. This is a complex picture, but the fact that *some* adolescents find close foster-family relationships too demanding or threatening seems to have led to a policy and practice expectation that adolescents in general will not be able to

take advantage of sensitive family care and membership. The research discussed below suggests that both for adolescents in continuing long-term placements and for those who may move to new placements in adolescence, the task of achieving a supportive foster family who can provide a secure base into adulthood remains an important and – for some – attainable goal.

THE *GROWING UP IN FOSTER CARE* STUDY

This prospective longitudinal study (1997–98, 2001–03, 2005–06) was funded by the Nuffield Foundation with the aim of identifying how children's needs for permanence, security and stability can be met across time in planned, long-term foster care.

The sample, recruited in 1997–98 from eight local authorities, consisted of 53 children aged 3–12 who had become subjects of a long-term foster care plan, defined as an expectation that they would remain in their long-term foster family during childhood. Around half of the children were matched with existing foster carers, and half were matched with foster carers new to them, but all foster carers were unrelated to the children. Baseline data from Phase 1 (Schofield *et al.* 2000) included social worker and foster carer questionnaires, interviews with children, foster carers, birth parents and social workers and the Goodman's Strengths and Difficulties Questionnaire (Goodman 1997). One child with a disability died between Phase 1 and Phase 2, reducing the sample to 52. This sample was followed up in 2001–03 (Phase 2) when the study focused on making sense of the children's progress, including their different strategies for adapting to their family, peer and school environments. Phase 2 also focused on how security-promoting parenting dimensions that emerged from attachment research on infants and their mothers (Ainsworth *et al.* 1971) could be applied to fostering children in middle childhood and early adolescence (Beek & Schofield 2004; Schofield & Beek 2005a,b).

At Phase 3, 2005–06 (sample was aged 13–20, mean age was 17), social workers were interviewed, and it was possible to establish the placement history since Phase 2 of 48 (92%) of the sample (the other 4 having returned home at an earlier stage and not being known to children's services or youth-offending teams). At this point, 30 of the 52 children (57%) were stable in their original placements or had moved to independence in a relatively planned way. A further 10 (19%) were stable and thriving in placements they had moved to either between Phases 1 and 2 or since

Phase 2. This yielded 40 (76%) who were stable and functioning reasonably well, e.g. placements were stable, young people were in education or had completed education at least to General Certificate of Secondary Education (GCSE), had friendships and had no history of offending. Not all family relationships were harmonious and several children within this group had some challenging behaviours. A number of teenagers with learning difficulties were also finding it hard to manage transitions from school to work. But such difficulties might be found in any community sample. Information was limited on the remaining 12 young people, most of whom had gone home at some stage, but 3 were known to have significant histories of offending, of whom 1 was in prison and 1 was in secure accommodation.

Of the 48 young people for whom we had at least some information and contact details, foster carers or social workers were provided with letters to be given to 33 young people; 3 further children had severe learning disabilities – making a total of 36. The remaining 12 young people included those who were no longer in touch with social workers or carers, 3 of the 4 young people adopted by their carers, and young people whose social workers or foster carers did not wish for them to be approached. Of the 33 young people, we had refusals from 8, were uncertain as to whether 2 had received letters via social workers and, finally, conducted interviews with 20 young people. Three young people who had severe learning disability were observed with their carers.

Where young people had left care and were living independently, including one young mother, we were more successful in achieving interviews where foster carers were still in touch and passed on our letters. Two young people chose to be interviewed in their foster homes, while their carers walked the dogs. One 18-year-old, living independently but emotionally vulnerable, asked if his leaving care worker could be present as he trusted her. Although we had hoped for more interviews, the group of 20 was broadly representative in terms of their diverse birth family histories and their experience of continuity of placement or of a move to new families in adolescence.

Foster carers for 32 of the 36 young people who could be approached were interviewed. Where young people had left care some time previously (in several cases, following difficult endings), social workers were reluctant for us to approach the carers for interviews about the placement endings. The availability of the sample was, to some extent, affected by the gatekeeping role of the social workers.

Interviews undertaken with young people and with foster carers were structured around the five dimensions of parenting and areas of child development that had been used in the analysis in Phases 1 and 2 (Beek & Schofield 2004) and will be discussed later. So, for example, the issues of caregiver availability and the young person's capacity to trust the carer and other adults were discussed with both young people and with the carers. Other key issues, such as academic and social progress at school and in activities, peer relationships, professional practice regarding leaving care and the general availability of social work support for young people and foster families, were also covered.

The carers' interview focused on their view of the children and evidence of the children's developmental progress in specific areas defined by the model. However, it was designed also to show the extent to which the carer appeared able to tune into the mind and behaviour of the child and be reflective about their own parenting. The model and this schedule have been adopted for use in practice by social workers (Schofield and Beek 2008).

THE FOSTER FAMILY AS A SECURE BASE IN ADOLESCENCE

As mentioned above, the secure base model of caregiving used for the analysis of young people's progress in the *Growing Up in Foster Care* study has four dimensions identified by Ainsworth *et al.* (1971) as promoting secure attachment, and a fifth, relevant for permanence and long-term foster care (Schofield 2008), promoting family membership. Each dimen-

sion has been linked in the study with developmental benefits. These benefits are not specific to attachment relationships but reflect areas of functioning that are linked to security, resilience and the fulfilment of potential (Schofield & Beek 2005b, 2006). The concepts and language are not only consistent with developmental theory and research but also accessible and recognisable for social workers and foster carers applying them in practice. The five dimersions are:
- Availability – helping young people to trust.
- Sensitivity – helping young people to manage feelings and behaviour.
- Acceptance – building young people's self-esteem.
- Co-operation – helping young people to feel effective.
- Family membership – helping young people to belong.

Although these dimensions are useful separately in making sense of caregiving relationships, theory and the findings of this study would suggest that they interact in everyday parenting (see Fig. 1). For example, availability facilitates sensitivity, and acceptance is a necessary part of family membership. It is the combination of these dimensions that facilitates progress in relationships and functioning.

Children thrive best when in continuous foster placements that offer secure base parenting of this kind. But where this quality of caregiving has not been available in a previous placement, a move to a new placement, even at 14 or 15, can give the children a fresh opportunity to experience therapeutic care, to belong and to begin to fulfil their potential. This is consistent with the findings of a retrospective
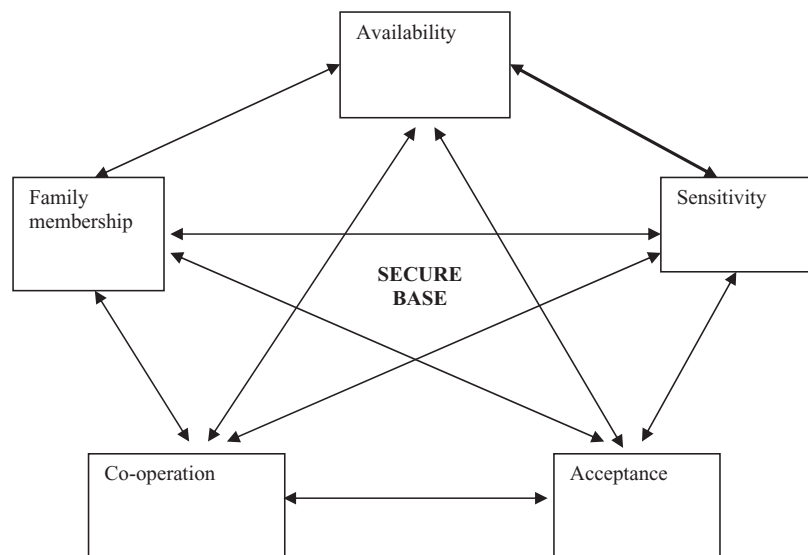

Figure 1 Providing a secure base.

study of adults who grew up in foster care (Schofield 2003). It is also consistent with research on larger samples that suggests that placement moves may be less significant for outcomes than the quality of a final settled placement (Barber & Delfabbro 2004; Sinclair *et al.* 2007).

To demonstrate the relevance of this caregiving model in adolescence, each dimension will be outlined using case examples from the *Growing Up in Foster Care* study. These examples not only provide evidence of the caregiving dimensions but also offer insight into the young people's experiences and perspectives. The case examples demonstrate that, even where young people in their late teens have progressed socially or academically beyond expectations, they often still have some distance to go in terms of their readiness for independence and adult life.

AVAILABILITY – HELPING YOUNG PEOPLE TO TRUST

The role of caregiver availability, emotional and physical, is at its most vivid in infancy, when the child's need for care and protection is greatest. The process of building a child's trust through availability and the consequences of a lack of trust in the availability of a safe, reliable caregiver demonstrate the power of early relationships to promote well-being or to do damage (Howe *et al.* 1999; Prior & Glaser 2006; Schofield & Beek 2006). The cumulative effect of trust or lack of trust will impact over the years on all areas of development, not just on relationships. The secure base concept, which lies at the heart of attachment theory (Bowlby 1969), defines close relationships as a means to an important end; trust in the availability of help and support reduces anxiety and promotes the child's capacity to explore, learn and engage with the world. As children move through infancy, the pre-school years and into middle childhood, the balance between dependency and autonomy shifts, but caregiver availability continues to be significant for children's security and resilience in the face of new challenges. This is particularly true for children who lacked trust at an earlier stage and who have a background of negative expectations and insecure internal working models of self and others.

Adolescents in the *Growing Up in Foster Care* study came into foster care in early or middle childhood (under age 12) and almost all (90%) had a background of abuse and neglect. The majority of the children had mothers with histories of severe difficul-

ties, often in combination; for example, abuse in childhood (57%) mental health problems (55%), drug misuse 19% and learning disability (31%). This suggested that caregiving was likely to have varied from uncertain and neglectful to actually frightening (Howe 2005), so children lacked experiences of secure base availability.

Even for young people who had gained some trust during middle childhood in the foster family, the impending separation of adolescence and adulthood was a challenge. Offering secure base availability during adolescence required the carers to promote appropriate autonomy while simultaneously providing a safe haven and an ongoing sense of relatedness. Achieving this balance was not straightforward for many young people in the sample. Some adolescents, for example, valued the reassurance at bedtime that would usually be associated with younger children. One carer described how her foster daughter, Jenny (placed at 6, now aged 14) who had come from a background of severe neglect and sexual abuse and continued to be very challenging, liked to say good night to her foster mother every night just before going to sleep, even if this meant ringing her foster mother on her mobile if her foster mother was out for the evening. Most 14-year-olds would not feel the need for this kind of reassurance, but it seemed to offer Jenny not only evidence of the mother's availability but also opportunities to resolve daytime tensions. Jenny's foster mother took pleasure in this routine, as it reassured her, too, that, in spite of conflicts, she was important to her foster daughter. Other research (Schofield 2003) found that some vulnerable adults who grew up in foster care were still seeking this kind of reassurance of availability through to their late 20s, with one 28-year-old mother of three, for example, feeling quite anxious when her foster carers went abroad on holiday and were therefore temporarily unavailable.

A number of young people in the *Growing Up in Foster Care* sample were venturing into the adult world of work or work experience. Here, too, carers needed to be actively available, especially when young people had a degree of learning difficulty as well as ongoing anxieties. One foster carer helped Charlotte (placed at age 8, now aged 17), who had learning difficulties, to manage her work experience by meeting up with her during each rather long lunch break, talking through the morning and supporting her in returning to the workplace for the afternoon. Another foster father was being very active in helping his foster son Rob (placed at age 10, now aged 19) to find work. Availability here

meant encouraging and supporting Rob, even though several jobs in succession had been lost through his inability to keep to time or keep up with the work rate. It was apparent that a group of young people, like Rob, were not learning disabled enough to need sheltered employment and yet they could not maintain the pace and expectations of the regular workplace. Rob was a careful and conscientious trainee bricklayer but needed more time to get work done. He needed ongoing and proactive support from his foster father to find a suitable niche.

Problems arose for some young people, including Rob, when they still needed considerable support but were offered a flat, as care leavers, by the housing department – often in the context of being told that they might not get as good an offer later. Rob's flat was back in his original local authority, not near to where his foster family lived. His work problems started here. Although his foster mother phoned each morning to help him get up, the additional distance to his bricklaying course meant that he failed to complete it. Within weeks, his flat had been taken over by drug dealers, and he was found on one occasion, when his carers returned from holiday, sleeping in their shed. Nevertheless, his carers were still supporting him as well as they could – they bought him a bicycle so he could get to them – and he had total trust in their availability.

Also challenging in terms of carer availability and support into adult roles was the experience of supporting a foster daughter through pregnancy and motherhood. Chloe (placed at 11, now 20) had been very successful academically, achieving 10 GCSEs A–C. However, she left school before taking A levels to live near her boyfriend – and then became pregnant. It takes a major commitment from carers in such circumstances to recover from the sense of hurt and disappointment for themselves and their daughter, but these carers continued to offer their support as parents and then grandparents. When interviewed, Chloe was a confident, competent mother who used her intelligence, competence and resilience in her new role. She was, however, also appreciative of the ongoing interest of her carers, and enjoyed their admiration for and enjoyment of her baby son. She was also about to restart her education. Even at this stage in her life, the secure base availability of her carers was contributing to her confident exploration and development.

The message from most cases was that young people, even with the long-term care and support of their foster families, are vulnerable to many kinds of knocks and setbacks and that maintaining emotional and practical availability wherever possible was essential.

SENSITIVITY – HELPING YOUNG PEOPLE TO MANAGE THEIR FEELINGS AND BEHAVIOUR

The capacity to manage feelings and behaviour is at the heart of mental health. *Affect regulation* has become a focus for understanding the benefits of both secure attachment and resilience (Fonagy *et al.* 2002). In infancy, *mind-mindedness* (Miens *et al.* 2002) allows the caregivers to reflect on their own mind while tuning in to the mind of the infants, who in turn and over time are enabled to reflect on their own feelings in a more accepting and constructive way. This dimension is closely linked to the secure base concept, because children can relax and explore if they are reassured that feelings can be named, understood, managed and will not overwhelm them. They are also enabled to access the mind of the caregivers through affective mirroring and direct communication of feelings, and so to reflect on the caregivers' thoughts and feelings as well as their own (Fonagy *et al.* 2002). This cycle builds the capacity for using emotional intelligence in subsequent relationships.

Adolescence is a period in which the ability to express feelings appropriately without being overwhelmed by them or overwhelming others can be severely tested. The impact of puberty on fostered young people, for whom close relationships and the potential for parenthood are likely to raise some difficult issues, can present specific challenges. Their search for identity may be complicated by a lack of coherence in their understanding of their history. There may then be an increased consciousness of helplessness, difference and stigma.

For most, though not all, adolescents in this study, strategies for naming and managing feelings had been learned in the middle childhood years, and maladaptive strategies had been modified to some degree as they moved towards adolescence. Children who were extreme in their expression of feelings had calmed down and become more balanced and appropriate. Children who were rather cool and withdrawn had warmed up and also become better able to show emotions appropriately. Children whose behaviour had been disorganised and controlling were using more organised, even if still insecure, strategies (Beek & Schofield 2004).

For some of these young people, it was possible at Phase 3 to see how strategies gained in middle child-

hood were being used and further developed in the teenage years in the context of mind-minded, sensitive care. Maria (placed at age 8, now aged 16) had been a very cool, withdrawn child who would sit in her room and make lists rather than engage with her emotionally expressive foster family. However, when the family rabbit died, when Maria was about 10 years old, she spontaneously burst into tears and approached her foster mother for comfort and a hug. Her foster mother capitalised on the moment and took photos of the rabbit, the funeral and Maria by the grave. She later reported in the research interview that Maria as a young teenager would bring the photographs to her when upset about something else, and they would reflect together on what it meant to be so upset, with the photographs becoming an aid to communicating about her feelings. The shared reprocessing of earlier experiences, with the aid of adolescent cognitive development and abstract thinking, can help build on and consolidate previous learning.

Key to this dimension is not simply the ability of the caregiver to tune in sensitively to the mind of the young person, but the ability to take action, to respond sensitively. Leroy (placed at age 7 now aged 18) had been very aggressive at school when he was 13. The school was very helpful but unsure if they could keep Leroy. His carer suggested that she would offer her availability at school, by coming immediately if Leroy reported feeling what she called an 'outburst' coming on. This arrangement, only achieved with the support of the head teacher, worked well and demonstrated the carer's capacity to be available while apart, as well as to respond sensitively in ways that helped Leroy to manage his feelings and behaviour. She also talked with Leroy about his feelings and helped him gradually to become better able to identify different feelings, to think about what prompted them and to communicate them more appropriately. When asked how he had changed while in this family, Leroy made links across the dimensions:

> I felt as though I'd done something wrong and like it (foster care) was my punishment. But they were just really comforting and we just got on. I just learned to trust them over time, the longer I stayed here. It was my home, whereas before it was just somewhere I was staying.

ACCEPTANCE – BUILDING YOUNG PEOPLE'S SELF-ESTEEM

Accepting the young people for who they were and building their self esteem and acceptance of themselves were often mentioned by foster carers in this study as central to their parenting. Most carers could reflect on the likely impact on self-esteem of experiences of abuse, neglect and loss from infancy onwards. From middle childhood through adolescence, carers were taking active steps to help children build strengths and cope with setbacks in a very 'child oriented' way (Sinclair *et al.* 2005). At least 10 young people were stable in post-16 education, taking A level or BTech qualifications and active in sports and other activities.

In Leroy's case, the carer's acceptance meant believing in his essential decency and goodness in spite of his disturbed and threatening behaviour. When, as a younger boy, after a minor disagreement at home, Leroy drew a picture at school of cutting up his foster mother with a chain saw, she refused to lose faith in him and told the researcher, 'I was sure he didn't mean it'. Although Leroy undoubtedly at that stage still experienced himself as at times frightened and frightening, the fact that his foster mother was able to maintain a very different and normalising stance was likely to have reduced his anxiety and gave positive messages to the school.

But his foster carer's acceptance of Leroy went beyond this belief in his qualities as a person – she had a strong belief in his ability to achieve. He enjoyed making models and this was encouraged by carers, no doubt contributing to and developing his artistic flair. At 16, he achieved a Grade A GCSE in Art, even though he attended a special-needs school. Leroy used to run a Pokemon stall with a friend at a local car boot sale – entrepreneurial talent, which, in his later teenage years, was being exercised through his salesmanship on the internet using eBay. Leroy was also successful in sport, initially football and basketball and, later, boxing. The foster mother's support for his talents continued through adolescence, as she supported him through his BTech course in Sports and Leisure and his training schedules. Leroy described how much he owed his foster mother.

> My mum's helped me a lot because she was determined for me to do well. That's a really important thing, people, other people, believing that you can do well.

This was translated into the way in which Leroy summed up his attitude to life

> I have to have something to work towards – I just want to be the best I can.

Not all young people in the study were this confident. Self-esteem is a particular problem for adolescents who are struggling at school. A number of children with learning difficulties were borderline

for admission to special school, and Rob (discussed earlier) had remained at the bottom of every set. As a 19-year-old, he reflected ruefully in the research interview on the difficulties of having a learning assistant sitting by him in every lesson throughout secondary school. However, early on in his foster home, he had come to share his foster father's enthusiasm for fish ponds. As he matured, he was able to look after his foster father's fish pond and then dig his own pond alongside. This safe activity allowed him to feel valued and to see himself as important and contributing to the family. As his foster father commented:

> He loves his fish pond. Now he's in charge of his own and he's totally reliable in that department. We encourage him all we can. We say, Rob's the top pond man . . . He gave his talk at school on goldfish and got top marks.

His carers' active support in adolescence had included setting up a work experience placement in a fish farm.

Part of the value in the continuity of researcher in this longitudinal study was being able to visit Rob's pond with him at age 11, 15 and 19 and to observe his developing pride and competence.

CO-OPERATION – HELPING YOUNG PEOPLE TO FEEL EFFECTIVE

From infancy, children learn how to get their needs met and how to have an impact on their environment. Attuned caregivers will be trying to form an alliance with the child and working together to solve problems. In the process, they will be promoting the kind of competence and confidence that will be at the heart of resilience and the capacity to adapt to new challenges.

Most children coming into foster care will, in their birth families, experience feelings of powerlessness or in some cases an excess of power, if they became controlling and aggressive in the context of abuse. These contrasting experiences may be replicated in the care system as children often feel powerless about decisions and moves or actually become destructively powerful in terms of instigating placement moves by their behaviour. Foster-family life needs to modify such experiences by teaching children and young people the benefits of the appropriate exercise of choice, power and co-operation. For adolescents generally, society gives mixed messages of empowerment and constraint. For fostered young people, the complicated question of who actually makes decisions in the complex network of birth, foster and corporate parents – and which 'parents' they need to influence and negotiate with – can exacerbate the problematic negotiation of autonomy.

The issue of controlling children had at times taken precedence over co-operation because of the behavioural problems presented by some adolescents in our sample. However, it was possible to reflect back over the three phases of the study and see how self-efficacy was gradually being built up. Giving children choice was often the starting point, with older children being offered structured opportunities to feel effective, often involving some risk, such as being allowed or encouraged to walk themselves home from school or to become involved in activities.

Promoting efficacy through co-operation was a particular challenge, as with other dimensions, when young people were less able. It was important for Charlotte (placed at age 9, now aged 17) to feel effective and to experience the degree of autonomy that was appropriate for her chronological age but with the safeguards necessary for her safety and well-being. The management of money had been an area where her carer gradually passed over the control to a point where she was able to take on a non-intrusive monitoring role, and allow her a fair amount of freedom. At the age of 10, Charlotte was unable to grasp the concept that coins had different values or that buying one thing (sweets at this time) meant that she could not buy another. At 13, her carer was helping her to make decisions about spending pocket money and supervising her closely in shops. At 17, she was able to enjoy the choice of whether to save or 'splurge' her money and to make good choices about her purchases. Decisions about what to buy were often discussed with her carer at home, but purchases were made by Charlotte independently. This supported autonomy had proved a highly successful step along the way to complete self-management for Charlotte.

Emergent sexual relationships need carers to be particularly sensitive about freedom and boundaries, especially for young people with learning difficulties. Evidence of the trust that had been built over the years was clear in Lisa's ability as a 17 year old to go to her carer to help her to think about and manage relationships, particularly with her boyfriend, who also had mild learning difficulties. Discussions between Lisa and her carer about sexual health and safety were recurring and open. While supporting Lisa's progression to a boyfriend/girlfriend relationship, her carer remained vigilant and protective and had communicated with the boyfriend's parents to discuss their boundaries and expectations around the relationship.

Always keen to promote Lisa's friendships and to help her manage them appropriately, the carer was now taking more of a backseat, but she was no less alert to Lisa's needs and was glad that she could remain constantly available through a mobile phone should Lisa need her when they were apart. This example demonstrates the way in which the parenting dimensions combine and interact, with the foster mother providing availability, sensitivity, acceptance and co-operation.

FAMILY MEMBERSHIP – HELPING CHILDREN TO BELONG

Of the five dimensions, managing foster- and birth-family membership seemed in our sample to present some particular challenges in the teenage years. This was in part because it is a period when difficult questions for young people in care regarding their identity, both where they come from and where they might go in adult life, are pressing.

But times of change and crisis are also opportunities for growth. For many young people, greater maturity in adolescence provided an opportunity to reflect, take stock and confirm a commitment to the foster family.

> My (foster) mum says to everyone that it's really hard for me, but I don't think it is. She says, well you've been through a lot, but well it doesn't seem a lot now, because it's over and done with. It just feels like a normal family now. I don't really look at them as anything different than a mum and dad really. They treat me the same as their normal family, take me on holiday, go shopping. (Maria, placed at age 8, now 16).

Foster carers who had nurtured children's sense of permanence during middle childhood were showing explicit commitment to children up to and beyond 18. A number of young people were already at this point and either continuing to live in the foster home or returning from their 'independent' living arrangements to visit. The fact that carers who had taken in children in late middle childhood or early adolescence following disrupted long-term placements were also offering continuing involvement, support and membership, was also encouraging.

The question of the young people's family memberships and the role of carers as parents raised important issues about leaving care services, and there were mixed views on the involvement of leaving care teams. In one case, the carers were grateful that the leaving care team had found a decent flat for their pregnant foster daughter, who nevertheless remained part of the family. But, as in the case of Rob discussed above, where a flat was offered prematurely and at a distance that made ongoing support by the foster family more difficult, the leaving care 'resource' was putting at risk the delicate balance that was being achieved in foster families between dependency and autonomy for young people.

Birth-family membership was also complicated for some. One teenage girl (aged 16) found herself with permissive and flexible contact arrangements that meant, at weekends, she was resuming a caregiving role in relation to her alcohol-addicted mother that she had left behind when she came into care at the age of 7. A number of young people in the study had been led to believe that they would or could go 'home' to their birth families at 16 or 18 in spite of the explicit plan for long-term foster care. This had often been a theme at birth-family contact. The expectation of reunification may in itself causes some difficulties for both the young person and the birth family as children reach 15 or 16. Sometimes it is the young people who becomes anxious because they realise that they have no wish to give up the foster family and the way of life that has defined who they have become during childhood and adolescence. They may seek reassurance that they are able to remain in the foster family. In other cases, it is the parents who realise that they do not want an adolescent back in the family. Leroy (18) was encouraged by his birth mother to expect that he would go back to her when he was 16. At a review when he was 16, she said that she could not have him back because he ate too much. She decreased contact and then said she did not want to see him again. At 18, he commented in the interview:

> They disowned me. Well it was upsetting at first, but oh well, they'll need me before I need them. Here is my home; if they want me they know where to find me. You can't worry about it forever.

Fortunately, Leroy's foster carer, who had originally promoted the contact with the birth mother, was equally committed to him remaining part of her family.

IMPLICATIONS FOR PRACTICE

All of the young people in the study had different histories and needs, but their experiences in foster care demonstrated the active and therapeutic nature of the caregiving required to enable them to overcome difficult early years and to make it through adolescence. Their need for further support in managing adult life was equally evident. Most young people in the community are still in need and in receipt of their families' support in their 20s. For fostered

young people, many underlying vulnerabilities from past experiences surface and affect their capacity to manage the tasks of adolescence. Subsequent experiences of 'care', even in effective placements, may have included a sense of stigma and loss that adds to vulnerability.

In applying this parenting model to adolescents in long-term foster care, it can be seen how managing transitions to adult life and promoting security and resilience need a subtle and developmentally informed approach. This is relevant not only at initial placement planning stages but also as placements evolve, during adolescence in particular and at the point of leaving care. Social workers who support long-term fostered young people and their foster families not only need to be very aware of the special nature of that long-term commitment but can also benefit from learning lessons from the active and sensitive approach which more successful foster carers demonstrate right through to adulthood. The secure base dimensions discussed here can be used to separate out the different areas of the young person's developmental progress and the caregiving qualities in the foster family, so that problems can be tackled and strengths enhanced. Although used here as a tool for analysis, the model has been developed to become a framework for practice.

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REFERENCES

Ainsworth, M.D.S., Bell, S. & Stayton, D. (1971) Individual differences in strange-situation behavior of one year olds. In: *The Origins of Human Social Relations* (ed. H. Schaffer), pp. 17–52. Academic Press, New York.

Allen, J.P. & Land, D. (1999) Attachment in adolescence. In: *Handbook of Attachment: Theory, Research and Clinical Application* (eds J. Cassidy and P.R. Shaver), pp. 319–335. The Guilford Press, London.

Barber, J. & Delfabbro, P. (2004) *Children in Foster Care*. Routledge, London.

Beek, M. & Schofield, G. (2004) *Providing a Secure Base in Long-Term Foster Care*. British Association for Adoption and Fostering, London.

Biehal, N., Clayden, J., Stein, M. & Wade, J. (1995) *Moving On: Young People and Leaving Care Schemes*. Her Majesty's Stationery Office, London.

Bowlby, J. (1969) *Attachment and Loss: Volume 1 Attachment*. Hogarth Press, London.

Bowlby, J. (1988) *A Secure Base: Clinical Applications of Attachment Theory*. Routledge, London.

Cashmore, J. & Paxman, M. (2006) Predicting after-care outcomes: the importance of 'felt' security. *Child and Family Social Work*, **11,** 232–241.

Department for Children, Schools and Families (2007) *Care Matters: Time for Change*. Stationery Office, London.

Farmer, E., Moyers, S. & Lipscombe, J. (2004) *Fostering Adolescents*. Jessica Kingsley Publishers, London.

Fonagy, P., Gergely, G., Jurist, E. & Target, M. (2002) *Affect Regulation, Mentalization and the Development of the Self*. Other Press, New York.

Gilligan, R. (2000) Adversity, resilience and young people: the protective value of positive school and spare time experiences. *Children and Society*, **14,** 37–47.

Goodman, R. (1997) The strengths and difficulties questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, **38:5,** 581–586.

Granic, I., Dishion, T. & Hollerstein, T. (2006) The family ecology model of adolescence: a dynamic systems perspective on normative development. In: *Blackwell Handbook of Adolescence* (eds G.R. Adams & M.D. Berzonsky). Blackwell, London.

Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*. Palgrave Macmillan, Basingstoke.

Howe, D., Brandon, M., Hinings, D. & Schofield, G. (1999) *Attachment Theory, Child Maltreatment and Family Support*. Macmillan, Basingstoke.

Lipscombe, J.C., Moyers, S. & Farmer, E.R. (2004) What changes in 'parenting' approaches occur over the course of adolescent foster care placements? *Child and Family Social Work*, **9,** 347–358.

Masten, A.S. (2001) Ordinary magic: resilience processes in development. *American Psychologist*, **56,** 227–238.

Miens, E., Fernyhough, C., Wainwright, R., Gupta, M., Fradley, E. & Tuckey, M. (2002) Maternal mind-mindedness and attachment security as predictors of Theory of Mind understanding. *Child Development*, **73,** 1715–1726.

Osterling, K.L. & Hines, A.M. (2006) Mentoring adolescent foster youth: promoting resilience during developmental transitions. *Child and Family Social Work*, **11,** 242–253.

Pinkerton, J. & Dolan, P. (2007) Family support, social capital, resilience and adolescence coping. *Child and Family Social Work*, **12,** 219–228.

Prior, V. & Glaser, D. (2006) *Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice*. Jessica Kingsley Publishers, London.

Rutter, M. (1999) Resilience concepts and findings: implications for family therapy. *Journal of Family Therapy*, **21,** 119–144.

Schofield, G. (2001) Resilience and family placement a lifespan perspective. *Adoption and Fostering*, **25,** 6–19.

Schofield, G. (2002) The significance of a secure base: a psychosocial model of long-term foster care. *Child and Family Social Work*, **7,** 259–272.

Schofield, G. (2003) *Part of the Family: Pathways through Foster Care*. British Association for Adoption and Fostering, London.

Schofield, G. (2008) Achieving permanence in foster care. In: *The Handbook of Child Placement: Theory, Research and Practice* (eds G. Schofield & J. Simmonds). British Association for Adoption and Fostering, London.

Schofield, G. & Beek, M. (2005a) Risk and resilience in long-term foster care. *British Journal of Social Work*, **35,** 1283–1301.

Schofield, G. & Beek, M. (2005b) Providing a secure base: parenting children in long-term foster care. *Attachment & Human Development*, **7,** 3–26.

Schofield, G. & Beek, M. (2006) *Attachment Handbook for Foster Care and Adoption*. British Association for Adoption and Fostering, London.

Schofield, G. & Beek, M. (2008) *Achieving Permanence in Foster Care: A Good Practice Guide*. British Association for Adoption and Fostering, London.

Schofield, G., Beek, M., Sargent, K. & Thoburn, J. (2000) *Growing Up in Foster Care*. British Association for Adoption and Fostering, London.

Schofield, G., Ward, E., Warman, A., Simmonds, J. & Butler, J. (2008) *Permanence in Foster Care: A Study of Care Planning and Practice in England and Wales*. Report to the Big Lottery, University of East Anglia/British Association for Adoption and Fostering.

Sinclair, I., Wilson, K. & Petrie, S. (2005) *Foster Children: Where They Go and How They Get On*. Jessica Kingsley Publishers, London.

Sinclair, I., Baker, C., Lee, J. & Gibbs, I. (2007) *The Pursuit of Permanence: A study of the English Child Care System*. Jessica Kingsley Publishers, London.

Thoburn, J., Norford, L. & Rashid, S. (2000) *Permanent Family Placement for Children of Ethnic Minority Origin*. Jessica Kingsley Publishers, London.

Wilson, K., Sinclair, I. & Petrie, S. (2003) A kind of loving: a model of effective foster care. *British Journal of Social Work*, **33,** 991–1003.